# HealthKentucky

A Report on Medical Research, Innovation, Life Sciences, Facilities and Healthcare Providers



ELane Report

# Health Kentucky A Report on Medical Research, Innovation, Life Sciences, Facilities and Healthcare Providers















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Dick Kelly

#### **From The Publisher**

Health Kentucky is an annual statewide publication that presents an overview of key elements the commonwealth's healthcare sector, with a focus on important research, technology and innovation in the life sciences, and the economic impact of medical services on Kentucky. It focuses on major healthcare realignment and strategic

alliances designed to provide enhanced service to a larger number of patients. Included are reports about medical services providers, hospitals, telehealth, the regionalization of services and commercialization initiatives.

With increased focus on wellness, especially for today's executives, *Health Kentucky* includes a series of features on stress reduction, the value of regular exercise, weight control, diet and even "superfoods" with anti-aging properties.

The inc easing priority on population healthcare is rapidly changing the scope and quality of medical services in the state, and providing a higher quality of life for all Kentuckians.

- Dick Kelly





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Publisher Dick Kelly
Executive Editor Mark Green
Associate Editor Karen Baird
Digital Editor Robbie Clark
Associate Publisher Donna Hodsdon
Creative Director Jessica Merriman

Design Paul Blodgett/PJB Marketing

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(859) 244-3500

201 East Main Street, Lexington, Kentucky 40507

#### University of Louisville Health Sciences



# UofL dental, medical schools receive high national rankings

The University of Louisville schools of dentistry and medicine are highly ranked by their students and graduates in recent results published by graduateprograms. com. The School of Dentistry rose to the overall No. 2 rank among dental schools in the United States, and the School of Medicine is third in the nation for career support for its students.

"It is gratifying to know that students at the UofL School of Dentistry value their experience in the program, even if it is from a limited sampling. We will persevere to continually seek to improve the quality of our educational programs and develop the empathy and skills of the professionals we educate," said John Sauk, DDS, dean of the UofL School of Dentistry.

The website defines career support as the quality of career planning, resources and support received during and after graduate studies.

"This is a very meaningful ranking for us because it says that our students believe we are preparing them for their futures," said Toni Ganzel, MD, MBA, dean of the UofL School of Medicine. "This is a reflection of the quality work of our Student Affairs leadership and staff and all our faculty as e prepare the next generation of physicians."

The School of Medicine also ranked in the top 25 of the graduateprograms.com rankings for financial aid

Graduateprograms.com uses student evaluations to rank programs throughout the nation,

contacting current students and recent graduates via scholarship entries and social media.

The website assigns 15 ranking categories to each graduate program at each graduate school. Rankings cover a variety of student topics, such as academic competitiveness, career support, financial aid and quality of network. For a given graduate program, rankings are determined by calculating the average score for each program based on the 15 ranking categories. These scores are then compared across all ranked schools for that program and are translated into a final ranking for that graduate program, i.e., business and management. A given graduate program is not ranked until a minimum threshold of graduate student surveys is completed for that graduate program.

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# UofL physicians conducting vaccine trial for children with relapsed tumors at Kosair Children's Hospital

Zach feels "pretty good." Sam wants to be "done with shots!" And Tyler finds it helps to "just keep thinking that at least I'm getting out of school."

They are normal boys who had normal lives until cancer came into the picture. All have faced the disease for two years or more, with surgeries, chemotherapy and radiation treatments. All were diagnosed with various malignant solid tumors, went into remission and then relapsed.

Today, however, they and their parents are finding hope in a Phase I research study led by Kenneth G. Lucas, MD, chief of the division of pediatric hematology/oncology and stem cell transplantation at the University of Louisville. Leading a team of his colleagues at Kosair Children's Hospital and in the UofL Department of Pediatrics, Lucas is making progress in developing a vaccine that one day could possibly prevent recurrence of some childhood cancers.

Lucas began the trial – the only one of its kind – while on the faculty of Penn State in 2011. Coming to Louisville in 2012, he now has three patients enrolled in the trial. Another 13 have previously completed the regimen. He uses the patient's own blood cells in developing the vaccine.

"The vaccine is designed to stimulate the patient's immune system to attack specific tumor proteins, and then fight the tumor," said Lucas, who also is the chief of pediatric hematology/oncology at Kosair Children's Hospital.

The vaccine is prepared and frozen in a cell therapy lab and then thawed for injection. Patients come to UofL's Kosair Charities Pediatric Clinical Research Unit for a week of chemotherapy that helps make the tumor cells express these cancer proteins. These proteins enable the tumors to be killed by immune cells that are stimulated by the vaccine.

The following two weeks are devoted to vaccination, followed by another two weeks of observation for side effects to the vaccine.

The process is repeated four times, making the treatment take anywhere from four to fi e months. Thus far, the vaccine has been well tolerated by most patients, Lucas said.

Patients may be referred by their own physician or can self-refer, Lucas said. Anyone interested in the trial should contact KCPCRU@louisville.edu or 502-629-5820.

The trial is partially funded by the Children's Hospital Foundation and raiseRED, a dance marathon fundraising effo t organized by UofL students to support pediatric cancer research.

### Sam Rosebrock, age 5, Morganton, N.C.

Like any 5-year-old, Sam Rosebrock of Morganton, N.C., is anxious prior to his injection.

"I don't want a shot," he repeatedly said amid tears as mom Denielle Rosebrock comforted him. After the injection, he asked her, "Are we done with our shots?" Hearing that there would be no more injections, he was happy to repeat, "Done with shots! Done with shots!"

Sam had neuroblastoma, a type of cancer most commonly found in young children that develops from immature nerve cells found in several areas of the body. Sam's neuroblastoma was originally diagnosed in 2012 in the adrenal glands. Following chemotherapy, surgery, radiation, stem cell transplantation and antibody immunotherapy, he went into remission.



Sam Rosebrock, 5, is checked by UofL physician Ken Lucas, MD, as mother Denielle looks on.

The cancer later came back in the groin area and left testicle. More chemo and immunotherapy followed, putting Sam into remission again. Sam's oncologist in Charlotte, N.C., learned about the trial in Louisville and Denielle said it was easy to make the decision to enroll him.

"With neuroblastoma, even when you have no evidence of disease, the likelihood of it coming back is extremely high," said Denielle, who with her husband, Mark, has another son, Isiah, age 10. "When you relapse, you have to do something."

### Zach Hartwell, age 20, Lyndonville, Vt.

Doing "something" also is uppermost in the mind of Bill Hartwell, father of 20-year-old Zach who was diagnosed in 2011 with a medulloblastoma, the most common malignant brain tumor found in children and occurring in the cerebellum, which is the part of brain located at the base of the skull, just above the brainstem. Bill, wife Nancy and Zach have been on a four-state odyssey since diagnosis, from their home in Lyndonville, Vt., to Dartmouth, N.H., where the diagnosis was confirmed, to treatment in Boston and now to Louisville.

Along the way, Zach had surgeries, chemotherapy, radiation and more. He also experienced posterior fossa syndrome, a condition that affected his ability to m ve and speak.

Th ough a Facebook group, Parents of Kids with Medulloblastoma, Nancy learned about the experimental therapy.

"At 8 o'clock on a Saturday night, Nancy is checking Facebook and she saw information about Dr. Lucas and his trial, so she emailed him," Bill said. "At 10 o'clock, he returns the email – it was just that quick – and says he thinks Zach may be eligible."

Zach is the first patient in the trial with medulloblastoma. He receives a similar round of treatment as Sam: First week of chemotherapy, second and third weeks for

#### University of Louisville Health Sciences

vaccination, and fourth and fifth weeks for observation.

In speech halted by posterior fossa syndrome but still clear, Zach said, "I knew I was going to have to do something – chemo or radiation or both – and this just seemed like it was the better option."

"To us, this treatment seems like a very logical thing to do, a very logical approach. And much less invasive than the other treatments he has had," Bill said.



Tyler Foster, age 14, receiving a cancer vaccination from Kenneth Lucas. MD.

### Tyler Foster, age 14, Beechmont, Ky.

The fact that the vaccine therapy is less invasive is a plus for Tyler Foster's dad, Michael Foster of Beechmont, Kv.

"This is a lot milder than any other treatment he has had," Michael said. "I believe this has been the easiest treatment he has faced."

Tyler is 14 and was originally diagnosed with osteogenic sarcoma in 2013 in his right knee, femur and lung. It also is known as osteosarcoma and is a type of bone cancer. It often starts in the ends of the bones where new bone tissue forms as a young person grows.

After chemotherapy and surgeries, Tyler went into remission at Christmastime in 2013. In September 2014, the cancer came back, followed by more surgeries, including removing all of his femur and hip. He then underwent a rigorous chemotherapy regimen known as "ICE" – a three-drug combination of ifosamide, carboplatin and etoposide.

"It's hard enough to hear your child has cancer. Tha's a blow out of this world," said Michael, who with wife Susan has another child, Alexis, age 20. "And then to hear it a second time is even harder.

"ICE was hard – very, very hard. We almost lost Tyler a couple of times. He had feeding tubes. He was vomiting. He vomited up around 17 liters (of fluid) in one da.

"So that was a pretty rocky road. But he got better and had radiation after that."

Tyler speaks with the wisdom of a teenager who tests above his grade level but still is ... well, a teenager.

"When I heard I had cancer, my firs thought was that I was going to get out of school for awhile," he said with a laugh.

The journey since, however, has the gingerhaired teen philosophical. "I just really have tried to not think too much about what was happening," he said, "and just look towards the future, that one day, I can get over this."

#### **Hope for the future**

That focus on the future is what keeps Bill Hartwell going, too. "We feel like this treatment is going to be the cure. People always talk about statistics, but we don't even think about that kind of stuff

"We saw this trial, the treatment seemed to make good sense, and so we think ... this is going to cure Zach, and we're going to move forward from there."

Denielle Rosebrock has hope as well. "We don't get 'definite' (definiti e answers) because it is a trial, and it's very new," she said. "We also know that participating in the trial is one of our choices. We have to do something to prevent the cancer from coming back. We know there is a lot of promise in it."

"If this works, man, it would be terrific for other kids that face this," said Michael Foster. Adds Tyler: "It helps me to know that if this does work, it wouldn't put other kids through the same thing I've been through."

# Daniel Pitino Foundation grant ensures 5,600 Ky. children will continue to receive life-saving cardiac care

Thanks to a nearly \$57,000 gift from the Daniel Pitino Foundation, 5,600 children throughout the state of Kentucky will continue to receive life-saving cardiac care from doctors with University of Louisville Physicians.

On Tuesday, July 21, a new van was dedicated that is critical to delivering those services. The van, bought with the gift from the foundation, was unveiled during a news conference at the UofL Physicians Health Care Outpatient Center.

For more than four decades, doctors and staff affiliate with the University of Louis-ville have packed their bags every week and traveled the state to give those thousands of children with heart problems specialized care close to home.

The pediatric cardiology team travels to eight rotating sites from Ashland to Paducah and places in between, bringing all their supplies and medical equipment – such as EKG and echocardiogram machines – in a customized van made just for the task. The team, which

lives on the road four days a week, reaches up to 50 patients a day and more than 5,600 per year.

For many of these children, the van makes it possible to get the care they need without having to travel hours to Louisville and have their parents take time off work and spend precious resources on travel expenses and hotels. For some with very limited resources, it makes the diffe ence between getting the care they need and not getting care at all.

But over the years as the latest van aged, it became unreliable, at times leaving the



doctors and staff without a way to transport their equipment to patients. Now, thanks to the \$56,901 grant from the Daniel Pitino Foundation, the pediatric cardiology travel team has a brand new van made just for them to reach the many patients they serve.

# The team, which lives on the road four days a week, reaches up to 50 patients a day and more than 5,600 per year.

"We are so thankful to the Daniel Pitino Foundation for this generous grant that helps us reach so many children in Kentucky who need our services," said Dr. Walter Sobczyk, senior pediatric cardiologist at UofL Physicians and an associate professor at the UofL School of Medicine.

"Getting care in rural and outlying areas, far from large cities like Louisville, is a very tough task for many families. They have enough to worry about without adding travel and the associated expenses to the mix. We believe that every child deserves access to the health care they need, no matter their circumstances. The van helps ensure they get expert care and have access to the latest in medical advancements and treatments, so they can live the best possible life."

The Daniel Pitino Foundation was founded by UofL men's basketball coach Rick Pitino and his wife, JoAnne, to honor the memory of their infant son, Daniel, who died of a congenital heart condition in 1987. The foundation's mission is to benefit underprivileged children and other charitable causes.

"In recognizing the quality care and treatment provided by the doctors and staff of UofL Physicians across the commonwealth, our board is pleased that we can provide support for the transportation needs of these dedicated individuals," said Ron Carmicle, executive vice president of the Daniel Pitino Foundation's board.

For many patients, the van's services are invaluable.

"It's made a huge diffe ence in our lives," said Jill Story, of Benton, Ky., whose daughter Jacee, 16, sees the van's doctors because of a congenital heart defect. Her husband Matt, 45, also has a congenital heart defect and has been seeing the van's doctors since he was a child. "It keeps us from having to routinely travel more than three hours to Louisville for their care."

### More about the pediatric cardiology outreach program

The outreach van travels to sites around Kentucky, including Owensboro, Bowling Green, Paducah, Ashland, Murray and Elizabethtown. On most days, the team consists of two doctors and six support staff. At each site, the team leases offic space for the day, where the staff sees up to 50 patients a day, four days a week, Monday through Friday.

The staff also sees referrals from pediatricians and local hospitals. Some patients of the outreach program, like Matt Story, are adults who have been seeing the team's doctors since they were children.

For patients who need surgery or more complex procedures, the team can arrange for care at Kosair Children's Hospital in Louisville, as well as transport there.

Back in Louisville, the team also is part of a statewide telemedicine network, where staff at 27 hospitals around the state can digitally transmit results of a heart test for immediate analysis by pediatric cardiology specialists with UofL Physicians at Kosair Children's Hospital. Th UofL Physicians staff at the hospital read up to 2,500 echocardiograms a year.

#### **HEALTHY LIFESTYLE CENTERS**

# Prevention and wellness focus of new Healthy Lifestyle Centers

KentuckyOne Health is launching a new concept in prevention and wellness with the opening of the first of three Healthy Lifestyle Centers. The centers provide medically supervised exercise, nutrition counseling, stress management and more to help people get and stay healthy.

The first two Healthy Lifestyle Centers are now open at Medical Center Jewish Northeast and at Sts. Mary & Elizabeth Hospital, both part of KentuckyOne Health. The opening of the new facilities will be followed by a complete renovation of a downtown Louisville location previously utilized exclusively for cardiac rehabilitation.

This project was made possible by the Jewish Hospital & St. Mary's Foundation, which provided \$3 million for capital and startup costs.

The Healthy Lifestyle Centers offer three distinct services. Lifestyle Medicine is a fitness membership program available to anyone who can benefit from exercise and education coordinated by nurses and exercise physiologists. The e is personal coaching for coping with diabetes, pain, cancer, obesity, heart disease and more. Cardiac and pulmonary rehabilitation is a typically covered by insurance for 36 sessions following



a qualifying heart or lung condition. The Centers offer integrative medicine services including massage therapy, meditation, acupuncture, yoga, chronic muscle and pain therapy.

All of the exercise and weight management programs at the Healthy Lifestyle Centers are grounded in evidence-based medicine. Th Healthy Lifestyle Center team works under the supervision of physicians and includes registered nurses, masters-prepared exercise physiologists, a registered dietitian, respiratory therapist and licensed clinical social worker. They serve as health coaches, identifying services that can help the patient live well.

To help people determine the best holistic approach, the Healthy Lifestyle Centers also

offer consultations with a board-certified integrative medicine physician, which can be helpful for individuals with chronic diseases such as diabetes, hypertension and heart disease. Those with chronic pain, arthritis, digestive issues, stress/anxiety, depression, taking multiple medications, insomnia and cancer can also benefit from an integrative medicine consultation.

#### **SCREENINGS**

### KentuckyOne Health Expands Access to Preventive Health with Mobile Screening Program

KentuckyOne Health Mobile Screenings will offer preventive health screenings at various locations throughout the state, providing yet another door through which consumers can access care through KentuckyOne Health.

The mobile screenings expand cardiovascular and other health screenings throughout the Commonwealth, including areas that may have

limited access to these tests. The goal of this program is to help people become more aware of their health status and encourage active involvement in proactively managing their health.

The mobile screening unit is equipped with private exam rooms to ensure a personal and comfortable patient experience. Board certifie physicians examine all results and a complete

report is available in approximately

one week. Patients are also encouraged to take their report back to their primary care provider for follow up. Patients without a primary care provider will be encouraged to seek follow up with a KentuckyOne Health provider near them.

To encourage patient participation, participants are responsible for the costs of the screenings. No Medicare, Medicaid or private insurance funding is involved. All participants will be provided with a detailed report of their screening results, which they can submit to their medical coverage provider for consideration of reimbursement.

Mobile screenings are also available for partners of KentuckyOne Workplace Care, which serves more than 2,500 local and regional employers, positively impacting employee health, productivity and cost savings for employee populations.

Total and a statistic and a st

#### **IMPROVED ACCESS FOR CANCER PATIENTS**

# Brown Cancer Center Opens at Medical Center Jewish Northeast



Patients seeking the expertise of the James Graham Brown Cancer Center, jointly operated by KentuckyOne Health and the University of Louisville, can now take advantage **of a new location.** It is inside KentuckyOne Health's Medical Center Jewish Northeast.

Like the downtown location, the Brown Cancer Center at Jewish Northeast offers a broad array of cancer care. This includes multidisciplinary cancer care clinics fi e days a week for the treatment of a variety of cancers such as lung, melanoma, breast urinary tract, bladder, kidneys and prostate.

These clinics consist of surgical, medical and radiation oncologists with University of Louis-ville Physicians. They are supported by a team of nurses, social workers, medical assistants, pharmacologists and other health professionals. The multi-disciplinary approach is designed to provide the best course of treatment for individual patients, along with counseling and support throughout the diagnosis, treatment and recovery process.

With an emphasis on translational research – delivering effecti e treatments to patients as quickly as possible – the Brown Cancer Center is one of America's finest cancer treatment and research institutions. U.S. News & World Report ranked it as one of the best hospitals in Louisville for cancer care in 2014-2015.

#### **WORKPLACE CARE**

### Healthy Workers Mean Healthy Companies

The KentuckyOne Workplace Care health and wellness programs keep your employees healthy so they can give their best. Our programs are tailored to your specific needs, with a wide range of preventive and wellness services to keep employees healthy and safe, decrease workers' comp claims and reduce lost work days. We offer multiple locations with no appointment needed and an occupational physician on call 24/7.

KentuckyOne Workplace Care offers

- Statewide coverage
- Access to KentuckyOne Health network of services, including Anywhere Care, primary care physicians and specialists
- On-site wellness screenings
- Group health report for management
- One-on-one diabetes and nutritional counseling
- Wellness presentations
- Customized wellness programs
- Group classes on diabetes

For more information, visit KentuckyOneHealth.org/OccupationalHealth



# A Decade on the Rise at UK HealthCare

Careful planning has netted growth plus better quality of care



Thanks to a decade of unprecedented growth, UK HealthCare's status has vaulted to national recognition among academic medical centers.

Guided by a broad-ranging strategic plan, UK HealthCare has expanded to serve patients with the most complex medical needs from Kentucky and beyond and is well on its way to becoming one of the premier academic medical centers in the United States. Between fiscal years 2004 and 2014, the medical center increased patient volume by nearly twofold, renovated and built new facilities, doubled its employee count, developed advanced specializations in clinical care, established a robust regional referral network, and created new opportunities in research and education.

Along the way – and thanks to focused effo ts in quality, efficienc and patient-centered care – UK HealthCare and its constituent organiza-

tions earned multiple prestigious designations and marked significant improvements in industrystandard rankings.

"These advancements didn't happen independently," said Michael Karpf, MD, UK executive vice president for health affairs. "All of this is born of careful planning and serves to further establish UK HealthCare as the research-intensive referral academic medical center we had envisioned."

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Today, UK HealthCare draws the most acutely ill patients needing advanced subspecialty care from across Kentucky and beyond. At the same time, its rapidly growing outreach network supports services at many of Kentucky's hospitals, helping keep patients close to their homes for both routine and specialty care.

#### **Transforming Lexington**

UK HealthCare's stable financial footing continues to underwrite an impressive physical transformation of its Lexington campus and more, including:

- The opening of the 8th floor of Chandler Hospital Pavilion A in 2014, which added 64 beds.
- The planned opening of floors 9 and 10 in 2016 and of floor 11 tentatively in 2017. Combined, these new floors mean 192 additional beds
- The opening of the UK HealthCare at Turfland outpatient services center in Lexington.
- Groundbreaking on a new Shriners Hospital for Children Medical Center, a \$47 million, fi e-story building on the UK campus slated to open in 2017. The new facility deepens a longstanding relationship with Shriners.
- A six-story medical research building planned near campus, at Virginia Avenue and South Limestone.

Quality and patient satisfaction improved as well. In 2013, UK HealthCare was recognized as a Rising Star by the University HealthSystem Consortium, rising an unprecedented 44 spots in the UHC's annual quality and accountability ranking of its 118 member academic medical centers. In 2014, UK HealthCare was named a Top Performing Hospital by The oint Commission.



UK neurosurgeon Craig van Horne, MD, is leading clinical research that is showing promise in the treatment of Parkinson's disease. Clinical research is a cornerstone of UK HealthCare's pursuit of the latest and best treatments available for its patients.

#### **Transforming medicine**

In its research mission, UK HealthCare has earned a trio of distinctions that only a handful of other academic medical centers can match: a \$20 million Clinical Translational Science Award in 2011, a \$7 million grant to the UK Sanders-Brown Center on Aging for continued Alzheimer's disease research and, in 2013, designation of the Markey Cancer Center by the National Cancer Institute.

In outreach effo ts, UK HealthCare continues its leadership role in strengthening hospitals and provider networks throughout Kentucky via affiliati agreements. Today, UK HealthCare boasts about 200

such relationships, including stroke care support at St. Claire Regional Medical Center, management of Eastern State Hospital and co-management of cardiology services at Hazard ARH Regional Medical Center.

A new strategic plan unveiled in June 2015 presents an ambitious roadmap to continued growth and strengthening of UK HealthCare's clinical services, including expansion of its network and the establishment of its reputation as a top-tier academic medical center.



Oncofertility specialist Leslie Appiah, MD, who works to preserve patients' fertility before cancer treatment, is among UK HealthCare physicians offering highly specialized services.



Floor 8 of Pavilion A opened in 2014. The floor is specially designed to provide advanced cardiology services.

# Making Communities Healthier in Kentucky

LifePoint Health is proud to provide quality healthcare close to home in 10 communities in **Kentucky.** Th ough our affiliate facilities and providers, we contribute significantly to the economic success of our communities.



**LifePoint's Kentucky Hospitals By the Numbers** 

Approximate number of employees\* 3,800+

Annual payroll\* \$233.7 million+

Facility investment nearly \$22.7 million\*

\*does not reflect data from Fleming County Hospital. which ioined LifePoint Health in mid-2015

Since 1999, LifePoint Health has been committed to providing the best possible care to communities across the United States. We address vital, comprehensive needs across the continuum of care through hospitals, regional health systems, physician practices, post-acute services, outpatient services, and wellness and prevention programs.



Meadowview Regional Medical Center Fleming County Hospital Georgetown Community Hospital Bourbon Community Hospital Bluegrass Community Hospital Clark Regional Medical Center Spring View Hospital Lake Cumberland Regional Hospital Logan Memorial Hospital

Jackson Purchase Medical Center



LifePoint is committed to strengthening and enhancing the services that will benefit and improve the communities we serve. We make capital investments in state-of-the-art technology, facility improvements and talented staff to give our hospitals, physician practices, post-acute facilities and outpatient centers the resources they need to help make their communities healthier.

Local community involvement is at the center of our philosophy of care. LifePoint's facilities are among the largest employers, local taxpayers and centerpieces for business development. Each LifePoint facility and provider is dedicated first and foremost to serving the healthcare needs of its community.

# LIFEPOINT HEALTH

LifePointHealth.net 330 Seven Springs Way • Brentwood, TN 37027

#### **About LifePoint Health**

- Founded in **1999**
- Focuses on non-urban communities
- Owns and operates **65+** hospital campuses in **21 states**
- Relationships with **4,300+** physicians
- Nearly **40,000** employees



# Norton Healthcare delivers quality care regionally

#### Multiple approaches move needle for better outcomes

With five hospitals, 13 immediate care centers, 210 physician practice sites and more than 12,000 employees, Norton Healthcare provides care for more than half of all patients in greater Louisville.

Russell F. Cox, president of Norton Healthcare, points out the vast health system's reach and impact go well beyond traditional geographical borders.

"Th ough our multiple relationships, partnerships, and academic affiliations our medical staff of over 2,000 physicians, our rapidly growing number of sites of service, as well as new technologies such as telemedicine, we have tremendous ability to deliver quality care regionally," Cox said.



Marissa Cunningham, R.N., works in Norton Audubon Hospital's transitional care unit. With a higher nurse-to-patient ratio than that for standard care, the TCU provides a safe stepdown for patients ready to leave critical care, but not quite ready for regular inpatient care.

Research is another way Norton Healthcare makes a far-reaching impact. More than 650 active studies took place in 2014 at Kosair Children's Hospital, Norton Cancer Institute and Norton Medical Group practices. Ongoing research in multiple sclerosis, stroke, cancer, pediatrics and cardiology - to name a few - means patients have access to cutting-edge treatments with no need to travel or leave their support systems.

"Research is a critical part of evolving health care," said Stephen W. Wyatt, DMD, MPH, vice president of research,

"Th ough participation in clinical trials, we can advance new medications and devices that can better treat certain conditions." Dr. Wyatt is founding dean of University of Kentucky's College of Public Health. He now has a joint appointment at Norton and UK's College of Medicine, which will further expand research and education collaborations between the two organizations, all to improve health and healthcare for all Kentuckians.

Norton Healthcare.

## **Quality patient care, prevention and wellness**

Norton Healthcare saw nearly 2.5 million patient encounters last year. This included services through the system's flagship hospitals — Norton Audubon Hospital, Norton Brownsboro Hospital, Norton Hospital, Norton Women's and Kosair Children's Hospital and Kosair Children's Hospital — and Norton Cancer Institute and Norton Neuroscience Institute.

Many of those encounters involved care for serious chronic diseases or conditions such as heart



Hermys Yanes-Boza, R.N., Norton Clinical Agency Services, checked a participant's blood pressure at the 2014 Americana Center health fair for Hispanic and other underserved individuals. "I enjoy this event because I speak Spanish and patients are able to understand. For some of those we see, this is their only chance to check their health."

disease, lung disease (including asthma), diabetes or cancer.

"We know early detection and intervention can save lives and improve outcomes," said Steven T. Hester, M.D., MBA, chief medical offic , Norton Healthcare. "Our aim is to make it easier for people to learn about their health risks and make more informed health care decisions."

In 2014, Norton Healthcare's Prevention & Wellness Mobile Prevention Center visited 232 locations to provide cancer and cardiovascular screenings. Half these locations were in underserved areas.

More than 2,600 individuals were screened for cancer in 2014. Of that number, approximately 23 percent had not been screened in the past fi e years. Twenty-fi e individuals were diagnosed and treated for pre-invasive or invasive cancer.

Nearly 4,400 people were screened for high blood pressure, diabetes, high cholesterol and osteoporosis last year. Approximately 2,400 women received mammograms and/or Pap smears aboard the Mobile Prevention Center. In addition, staff provided education on smoking cessation, diet and exercise.

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Roy Proctor traveled in 2014 from his home in Elizabethtown to Norton Brownsboro Hospital for a cardiac catheterization procedure. Shelly Dunn, R.N., spoke with Proctor about the procedure, which is often used to open artery blockages with balloons and stents, as well as diagnostic testing.

### Giving back reflects values-based care

Two core values – stewardship and integrity – are demonstrated by Norton Healthcare's ongoing commitment to charitable giving.

Norton Healthcare provided \$146.4 million back to the community for 2014. Tha's \$12.3 million each month, or \$4.71 per second.

In 2014, Norton Healthcare provided leadership guidance and 89,488 hours of volunteer service valued at \$1.5 million in salaries to more than 300 community organizations. This included working on a Habitat for Humanity house, Norton's eighth time to help a deserving family achieve the dream of home ownership.

## **Driving change for positive outcomes**

Norton Healthcare consistently works at the leading edge of developments and trends that impact health care effecti eness. Population health, an emerging model of care, is expected to result in radical changes in care delivery and payment.

"Our nation's healthcare system is moving away from a model that pays for every visit a person makes and every procedure that's done to one that financiall incents helping patients stay healthy," said Stephen A. Williams, chief executive offic , Norton Healthcare.

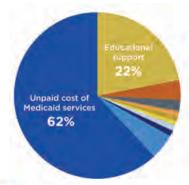
Population health focuses on preventive, proactive care to produce measurable health improvement

across a designated population. (Envision tracking outcomes for specific subgroups such as "all Company A employees" or "all diabetic patients.") Routine primary care becomes a "patient-centered home" and gateway to coordinated care, illness prevention and consistent care for chronic illnesses.

According to Williams, population health is not a fast fix but a long-term initiative. "No one is better positioned than Norton Healthcare to survive and thrive through this pivotal change," he said. "For more than a century, we have navigated the evolving fiel of health care with vision, purpose and skill. You can trust that will not change."

#### Norton Healthcare Charitable Giving

Total for 2014 = \$146.4 million



- Charity care 4%
- Community cancer initiatives 2%
- Sponsorships 1%
- Pastoral care and counseling programs 1%
- Kentucky Regional Poison Control Center 1%
- Child guidance and advocacy program 1%
- Community service activities 1%
- Other community benefits 5%



Norton Healthcare employees worked with other volunteers to frame walls for a Habitat for Humanity home located in south-central Louisville. The home, dedicated January 15, 2015, was the eighth one Norton has sponsored.

# Community Mental Health Centers Make Life Better in Kentucky

# "There are risks and costs to action. But they are far less than the long range risks of comfortable inaction."

These were some of the comments made by President John F. Kennedy as he was signing The Community Mental Health Act in 1963. This legislation propelled Kentucky into action: challenging, hard-charging and forever changing action. The KY General Assembly followed President Kennedy's lead by passing legislation in 1964 establishing Community Mental Health and Men-Retardation Centers (CMHCs) in the commonwealth-this was just the beginning. The complete network of the CMHCs (all are not-for-profit 501 (c) (3) corporations) was completed and all 120 counties

in the commonwealth now have access to services. In 1966 for the first time in Kentucky our families, friends, neighbors and co-workers could access treatment, services and support at home, where they lived, in their community. Community Mental Health Centers were established, working and changing lives.

## **50 Years of Service to Kentuckians**

Now almost fifty years later, the fourteen CMHCs are still the behavioral health public safety network for our family members, friends and neighbors throughout the commonwealth who have a mental illness, addiction, intellectual and/or developmental disability. The fourteen regional centers serve and

support 180,000 Kentuckians annually (1 of every 25 Kentuckians) in all 120 counties. In addition to supporting 180,000 individuals, the CMHCs employ approximately 8,500 people. As required by statute, the CMHCs have board members representing all 120 counties. The e are approximately 310 CMHC Board members who volunteer their time to provide leadership, oversight and direction to the CMHCs.

The CMHCs provide the traditional array of outpatient therapy services, medication management, 24/7 crisis response, residential and day program services. In addition, the CMHCs are called when communities are hit by devastating natural disasters such as tornadoes, ice storms and floods. Th CMHCs show up when tragedies happen in our communities including deaths and suicides at high

schools and middle schools. The CMHCs do not hesitate to offer their expertise and support. Local communities are strengthened through employment, leadership and, most importantly, services to our most vulnerable neighbors. CMHCs make all communities in KY better! Also, the CMHCs have several strategic partners including the KY Cabinet for Health and Family Services, the KY Department for Behavioral Health, Developmental and Intellectual Disabilities and, the KY Department for Medicaid Services.

#### A Regional Network of 14 CMHCs

The common ealth is fortunate to have fourteen CMHCs serving all 120 counties. CMHCs service areas range in size from fi e counties to 17

counties. The total population served for their respective areas range from 56,000 to almost 1 million people. However, it is not just the size of the CMHCs that is significant; the eal value comes from the workforce.

The broad spectrum of services and support offe ed by the CMHC is so challenging and intriguing that top professionals in the field gravitate to the CMHCs. Collectively, the 14 CMHCs host an employment base of over 8,000 dedicated mental health professionals. Among them are psychiatrists, psychologists, clinical social workers, psychiatric nurses and many other exceptional practitioners. Medical and clinical staffs at the CMHCs are among the most highly trained and experienced in the nation, and many are recognized authorities in their specialties.

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#### **One of Four Families** in Kentucky is Served **Each Year**

The dedicated, highly trained and competent staff are invaluable. The timely and geographical access to services is exceptional. But what is paramount to Kentuckians is the impact mental illness, addiction, intellectual and/or developmental disabilities have on our friends and loved ones. Each year, CMHCs serve one in four families, including one in fi e children and thousands of Kentuckians who are affected either directly or indirectly by mental illness, substance abuse, intellectual or developmental disabilities. Th CMHCs stand ready to join with individuals and families towards recovery, independence, employment and opportunities.

Our professionals are committed to their communities and the individuals they serve and support. We do not tolerate "comfortable inaction."

CMHCs make communities better in Kentucky!

#### **Community Mental Health Centers**

#### **Four Rivers Behavioral Health**

866-316-8307 Terry Hudspeth, CEO William Cownie, Board Chair 4rbh.org

#### **Pennyroyal Center**

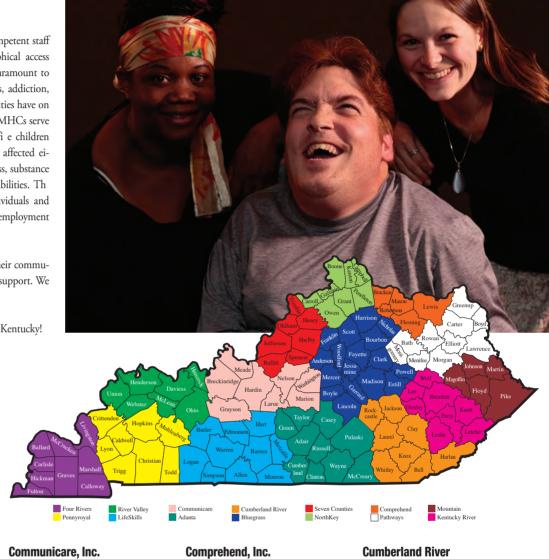
877-473-7766 Eric Embry, Interim CEO Pat Godwin, Board Chair pennyroyalcenter.org

#### **RiverValley Behavioral Health**

800-769-4920 Gayle DiCesare, CEO Rick Cox, Board Chair rivervalleyandaffiliates.c

#### LifeSkills, Inc.

270-901-5000 Joe Dan Beavers, CEO Dr. Mary Lloyd Moore, Board Chair lifeskills.com



888-344-8066 Dan Simpson, CEO Joe Brothers, Board Chair communicare.org

#### **Seven Counties Services, Inc.**

502-589-1100 or 800-264-8799 Dr. Anthony Zipple, ScD., MBA, CEO The onorable Judge David Holton, II, Board Chair sevencounties.org

#### **NorthKey Community Care**

859-331-3292 or 877-331-3292 Dr. Owen Nichols, CEO David Christen, Board Chair northkey.org

606-564-4016 Dr. Pamela Vaught, CEO Tony Cox, Board Chair comprehendinc.org

#### Pathways, Inc.

606-324-1141 or 800-562-8909 Dr. Kimberly McClanahan, CEO Becky Walker, Board President pathways-ky.org

#### **Mountain Comprehensive Care Center**

**Kentucky River Community Care** 

#### Behavioral Health, Inc.

606-528-7010 Danny Jones, CEO Roland Mullins, Board Chair crccc.net

#### The Adanta Group

#### Bluegrass.org

800-928-8000 Paul R. Beatrice CEO Carolyn Siegel, Board Chair bluegrass.org

# Changing the Landscape of Healthcare

New access points part of Owensboro Health's blueprint for a healthier Western Kentucky



#### Owensboro Health has always been up for a challenge.

After opening a new hospital in 2013, the growing health system has expanded its effo ts to build healthier communities by opening new clinics, recruiting talented physicians, and funding projects that improve community health. So it's no surprise that Owensboro Health is rolling out a new blueprint to meet one of Western Kentucky's biggest healthcare challenges: convenient access to physicians and health services.

"Access to care is one of our region's top concerns," says Philip Patterson, president and CEO of Owensboro Health, citing a 2012 study by the Green River District Health Department. "We need more primary

and specialty care providers in the communities we serve—especially in the rural areas."

Owensboro Health has unveiled an ambitious solution to the problem. Over the next two years, the health system will construct fi e new healthcare centers in Western Kentucky. The \$65-million project will see new facilities opened in Daviess, Hancock, Henderson, Hopkins, and Muhlenberg counties—with some buildings to exceed 40,000 square feet. These healthcare centers will offer primary and urgent care, specialty services, outpatient testing, patient education and wellness care.

"The expansion project is part of an Owensboro Health initiative to improve access to quality healthcare—one that will significantly impact the health of the communities we serve," Patterson says. "People will have a wider range of options and locations that are close to home."

More primary care and easier access to healthcare services locally means a healthier region, Patterson says. "Having a regular healthcare provider is the best way for people to stay healthy and to navigate the healthcare system.

"Primary care providers treat you when you're sick, but that's only the beginning. They can also help manage long-term conditions, such as hypertension, and set up important screenings that keep you healthy. Regular primary care is essential to good health."

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The health centers are being designed by Miller Architects and will be constructed by Turner Construction, the Nashville-based company that built Owensboro Health's \$385 million hospital. Th building designs will mimic the hospital's signature stone facade, giving Owensboro Health a consistent look that is easily recognizable in its expanded markets.

The healthcare expansion project is only the latest in a series of broad initiatives and quality achievements that cement Owensboro Health's emerging reputation as a regional health leader. In April, the system launched ne Health, a medical group consisting of more than 140 providers, 25 specialties and 20 locations. Th



system has recruited new specialties, including pain management and plastic surgery. And in August, Owensboro Health announced over \$700,000 in grant funding for agencies that are addressing important health needs in its local communities.

While Owensboro Health's influence is growing, Patterson says the organization sees itself as a partner to other hospitals and healthcare agencies. The health centers will be good neighbors, he says, that will benefit patients and other healthcare providers, as well as local economies. For instance, the Henderson complex is expected to generate up to \$3 million in annual salaries, not to mention the construction jobs that will





be created for local contractors. Expanded primary and urgent care access will also reduce emergency room utilization, lowering costs for businesses. Employers can also take advantage of programs designed specificall for the workplace.

"Owensboro Health has the people and the resources to meet some of today's toughest challenges, but we know we can't do it alone," Patterson says. "This project is about investing in the physical health of communities by expanding access points, creating programs and services, and working with others to improve the health of our region."

Construction on the first health center is set to begin this fall.





# The Doctor Will Skype You Now

## Patients, providers and care systems all like telemedicine's ease, convenience and low cost

By Esther Marr

A nasty sinus infection. Pink eye. A strange rash. Most people have experienced conditions or ailments that need medical attention at times outside regular doctor's offic hours, then had to pay hefty fees at emergency rooms or urgent treatment centers on nights and weekends.

The e was no other choice except for sticking it out until morning or the next time the doctor was available – until recently. Thanks to new telemedicine programs like KentuckyOne Health's Anywhere Care and Anthem BlueCross BlueShield's LiveHealth

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Online, Kentucky patients now have inexpensive, 24-hour access to a variety of doctors with a few mouse and computer key clicks.

Baptist Health also has begun a limited telehealth services, currently only for Home Health heart patients in Madisonville.

And on April 30, UnitedHealthcare, the Minnesotabased health benefits provider for many Kentuckians, announced it plans by next year to cover video-based doctor visits through three telemedicine companies, NowClinic, Doctor on Demand, and American Well. "Increasing access to healthcare and strengthening the primary care system in the commonwealth is an important step in our work to create a healthier Kentucky," said Ruth W. Brinkley, CEO of KentuckyOne Health.

Patients like telemedicine because it's fast and easy to use, and cheaper because it's a low-overhead service. Provider systems feel better about the low overhead, too. And doctors who provide telehealth care like being able to "see" more patients, sometimes doing so from their own homes.

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Ruth W. Brinkley, CEO, KentuckyOne Health

The new telemedicine programs, said John Jesser, Anthem Blue Cross Blue Shield vice president of provider engagement strategy, represent a true shift in healthcare delivery by using technology to make treatment easier and more consumer friendly. "At this critical juncture in our nation's healthcare transformation, we are taking a lead in improving access to care and bringing a better healthcare experience to our Kentucky members," Jesser said.

While telemedicine isn't new, until recently it has been used mostly to expand access in rural areas with doctor shortages or connect primary-care doctors with specialists. The new approach represents a new way for telemedicine to give patients more control over their healthcare.

### Non-emergency care via mobile devices

Both Anywhere Care and LiveHealth Online allow patients to use their smart phone, tablet or computer to initiate a live video visit with a U.S.-based, board certified doctor of their choice (profiles are available online) to discuss non-emergency health issues from home, work or any other location with Internet access. Doctors with both programs can provide a diagnosis, treatment and a prescription if needed – all for an affo dable fee.

LiveHealth Online launched in 2013, first to national employers. It has expanded to the majority of Anthem's health plan customers, including health exchange members. For eligible members, a LiveHealth Online visit costs the same or less than a primary-care office visi

Consumers who do not have Anthem Blue Cross Blue Shield in Kentucky as a health plan can use LiveHealth Online by signing up online and paying with a credit card. Doctors participating in LiveHealth Online typically charge \$49 per medical "visit."



John Jesser, Vice President Of Provider Engagement Strategy, Anthem BlueCross BlueShield

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Anywhere Care launched in 2013 through a partnership with Carena Inc. and costs patients \$35 per visit whether they are covered by insurance or not

Patients use both programs to communicate faceto-face with doctors about non-emergency medical conditions as colds, aches, sore throats, allergies, infections, rashes and minor injuries. Doctors may prescribe medications, recommend an over-thecounter medicine or provide home-care options. The cannot, however, prescribe or refill prescriptions for controlled substances such as narcotic pain relievers or lifestyle drugs.

If appropriate, healthcare providers will refer patients to an emergency department of for a follow-up clinic visit. Anywhere Care and Live Health Online also can provide follow-up reports to the patient's primary care doctor after an online visit.

Larry Shepherd of Louisville said he recently started feeling sick over the weekend and decided to try Anywhere Care.

"My regular doctor wasn't open and I really didn't want to wait until Monday to get an appointment," Shepherd said. "I called close to midnight and the doctor called back in about 5 minutes. She was very in-depth and asked me what remedies I had tried and what medications I have used before. I was very impressed with the doctor."

Shepherd got his prescriptions filled Sunday morning and felt well enough to work Monday.

"I use (Live Health Online) when I don't feel bad enough to go to the emergency room but bad enough to want to go to the doctor's offic "said Deborah Sue Baker, Anthem BlueCross and BlueShield Kentucky member. "My doctor is an hour away and if I'm sick, that's a long drive. And sometimes, it's hard to get an appointment with my doctor.

"The iPad app makes it easy," she said. "The doctors are very professional and very thorough with their questions. The 'll even call in a prescription. It's the best you can get without visiting a doctor."

#### Providers can mobileenable their practice

Jesser said telemedicine provides three main benefits to patients: expanded access to care, affo dability and an improved consumer experience.

"As we know, care can be limited and is based on being able to get someplace when (a doctor) has an opening. They only have certain hours and that doesn't always work for when people don't feel well," Jesser said. "(Telemedicine) expands access to care for the consumers, making it much more friendly to their schedule and lifestyles.

"Also, because telemedicine doesn't involve a lot of the overhead that is involved in offices it allows the price point to be less expensive – especially less than going to the emergency room or urgent care center," he said.

Consumer experience is improved because telemedicine programs are easy to use.



Kathy Love, Director Of Strategy And Business Development, Central East Kentucky Market, KentuckyOne Health

"You don't have to have a PhD to understand it. You just get online, choose a doctor and you're in a visit," he said.

From the provider's perspective, telemedicine has the potential to save hospitals and doctors money with less overhead, as well as increase the value of a doctor's time. It essentially allows providers to web- or mobileenable their practices.

"That allows them to be available to see patients face-to-face for more hours," Jesser said. "One doctor in the same location can be available on mobile and web for their patients no matter where they live."

Telemedicine could help doctors better manage patients who have chronic diseases or mobility issues, as it allows for frequent visits without the burden of travel. And getting early care via telemedicine can help reduce the severity and duration of many typical illnesses such as the flu and infections

Telemedicine is expected to lessen the burden on primary-care doctors who increasingly feel the pressure of a growing doctor shortage. The Association of American Medical Colleges estimates the United States will have 62,900 fewer doctors than needed this year, with the problem more acute in rural areas.

## 'Amazingly positive feedback from patients'

Anywhere Care has been extremely well received since it launched last August, said Kathy Love, director of strategy and business development for KentuckyOne Health's Central East Kentucky Market.

"We've had amazingly positive feedback from patients who have tried this service," Love said. "People have told me they've used (Anywhere Care) multiple times when they've needed it ... either late at night, or over the weekend."

While telemedicine is affo dable and convenient, Love said patients still need a primary care doctor.

"This is definitely a service that's intended to be a complimentary offering to your primary care doctor if you can't get to them for whatever reason and have a non-emergency health condition like a sinus or ear infection," she said. "It's something you can access 24 hours a day with a very minimal wait and very professional providers, but it shouldn't replace your very important relationship with your primary care doctor."

Recent upgrades to KentuckyOne Anywhere Care's system include an embedded video option to visually connect patients with providers directly without using an outside video chat service such as Skype.

Live Health Online has improvements on the horizon also. Anthem plans to expand the Spanish mobile app it has introduced in California nationally in the next couple of years. It is building behavioral health capabilities to add in 2016; it will include basic counseling, a program that provides registered dietician advice, and lactation consultant services for new mothers.

One of its biggest telehealth challenges, Jesser said, is simply making sure people know programs exist and understand how they work. Live Health Online will work to increase awareness among Anthem members in the coming years, he said.

## **Employers manage costs, meet employee needs**

The LG&E and KU power utility company is one of several major Kentucky businesses offering Live Health Online to their employees.

"We have employees spread out across Kentucky and into Virginia, so this is a beneficial alternative for employees who may not have this same level of convenient access to medical care for common symptoms and illnesses," said Liz Pratt, LG&E and KU public relations specialist. "We're continually evaluating services for our employees that allow us to continue to manage costs while still meeting employees' needs."



Stephanie Duncan, manager of labor relations for the company, said her overall experience with Live Health Online was very positive.

"Navigating through the process was straightforward, and I was impressed with the thoroughness of the physician's assessment," she said.

Dr. Charles Wallace, a practicing family medicine doctor in North Canton, Ohio, has both in-offi hours, as well as designated time slots when he serves patients nationwide via the Live Health Online network. On a Saturday afternoon in mid-late April, he had already visited with nine diffe ent telemedicine patients from his home offic

"You get a wide variety of people of diffe ent ages – I never knew there were so many accents (in the U.S.)," Wallace said with a laugh. "My last two calls were regarding a 72-year-old lady and an 11-month-old baby."

Wallace said he enjoys the diversity of patients he encounters through the program, which is available to all Kentuckians and residents in 43 other states plus Washington D.C.

"For the most part, people really enjoy the experience," he said. "We're able to give good quality care. People have an expectation (for service), and we can fulfill it"

Wallace prescribes for about 80 percent of his Live Health Online patients, with acute sinusitis (sinus infection) being the most common diagnosis. Urinary tract infection, pink eye and other skin lesions are common also. He relies heavily on patients' explanations of their symptoms and guides them through a self-exam, sometimes using flashlights or cell phone lights.

Wallace uses his professional judgment to decide whether he has enough information to treat the patient or they should be seen face-to-face. For example, patients who need X-rays or lab work or who have complex medical conditions need to schedule in-person visits.

Repeat customers have come to trust him, Wallace said, and specifically seek him out to pursue

## Managing chronic health conditions

Baptist Health Home Care began that major commonwealth provider system's first limited telehealth service late last month in Madisonville. Offe ed only to at-risk heart patients, the new interactive program launched April 21 links patients with nurse coaches to better monitor their health.

It includes in-home equipment such as weighing scales, a blood pressure cuff and pulse oximetry sensors to measure blood oxygen levels. Daily readings are transmitted via telephone lines or an internal cellular modem to a monitoring service. If any readings are cause for concern, a home health nurse is alerted to contact the patient.



Rebecca Cartright, State Executive Director, Baptist Health Home Care

The main objective is to teach patients to self-manage their chronic heart issues, thus reducing their time in the hospital, said Rebecca Cartright, state executive director for Baptist Health Home Care.

"This program gives patients a sense of security when we're not there that there's something monitoring their vital signs daily and making sure they're doing OK," she said.



Doctors at the University of Louisville have been telemedicine pioneers. In 2009, UofL's Dr. Alex Abou-Chebl, left, one of the fewer than 15 interventional neurologists in the country, consults with Dr. Kerri Remmel, on display screen, director of University Hospital's Stroke Center, via an In Touch medical robot.

Baptist Health expects the program to become a tool to detect and solve potential problems before they worsen and multiply, Cartright said. Th new home telehealth program already detected one patient's weight gain, and a doctor helped remedy the situation.

"We watch for signs that they (the patients) are getting into trouble," said Cyndi Clark, director of Home Care and Hospice with Baptist Health Home Care in Madisonville. "Then the nurses can teach the patient about cause and effect, such as how eating too much salt leads to unwelcome water retention and weight gain."

In the coming months, Baptist Health Home Care will extend telehealth services to additional Kentucky communities, including Paducah, Louisville and Lexington. It may also eventually develop criteria for other sets of patients, Cartright said.

# Long-term Stress Does, Indeed, Make You Fat

By Dr. Ann Kulze

Chronic stress is a potent driver of "toxic" fat accumulation, and the stress hormone cortisol is the biochemical culprit. When we experience persistent, daily stress over months to years, cortisol levels rise abnormally high and remain chronically elevated. This leads to weight gain, particularly in the belly, via four separate ways.



■ The stress hormone cortisol increases our desire and appetite for "comfort" foods that are notoriously fattening – namely foods high in sugar, refined carbs, and fat like doughnuts, pastries, cookies, etc.

Chronic stress and high cortisol levels interfere with sleep. Inadequate sleep is a quadruple threat for fat gain as it 1) increases levels of the hunger

> hormone ghrelin 2) decreases levels of the appetite-quieting hormone leptin 3) slows metabolism and 4) lowers energy and motivation to exercise.

> ■ High cortisol levels lead to high insulin levels. Elevated insulin levels promote weight gain in two ways. First, insulin is your "fat hormone" – the higher its levels in your body, the easier it is to deposit fat (especially in the belly) and the more difficul it is to burn fat. In fact,

high blood insulin levels totally shut your ability to

Second, high insulin levels block the action of the all-powerful hunger-quieting hormone leptin at the level of the brain. If your brain cannot receive leptin's signals, your appetite remains activated no matter how much you eat.

■ Cortisol directs the body to deposit fat within the belly. Belly fat, also known as visceral fat, is now widely recognized as the type of fat that leads to cardiometabolic diseases, namely heart attacks, strokes, metabolic syndrome, type 2 diabetes, some cancers, dementia and accelerated aging. To add further insult to injury, belly fat also drives insulin resistance, which means even higher insulin levels and even more belly fat accumulation.

Together, cortisol and insulin conspire to turn your belly fat cells into fat magnets!

### Dr. Ann's Favorite Tips for Stress Relief

Stress is bad to the belly. Here are some tips to help you stay cool and trim.

■ Make sure you move! Regular physical activity is arguably the most powerful means to lower your stress level. Commit to walking briskly or some other form of aerobic activity for 30 minutes or more daily (the more the better). Physical activity relieves stress, lifts mood, dissipates anxiety and improves sleep.

The "cross pattern" repetitive movement of walking has been shown to have a unique calming effect on the brain. Aerobic exercise can also mitigate or counter all four of the fat-promoting effects of high cortisol! For best results, do your moving in a natural, outdoors setting (the beach, a park, etc). "Green" exercise has been shown to be particularly effecti e for boosting mental well-being. Additionally, simply gazing out in natural settings has been shown to provide immediate stress reduction. This interesting psychological phenomenon has been dubbed "biophilia."

- Get in a good laugh. Rent your favorite comedy movies or reruns of funny sitcoms. Watch some funny YouTube videos with friends or family. Laughing is fun and lowers levels of stress hormones. If you can't laugh, at least put a smile on your face. Smiling instantly induces relaxation.
- Sip on some hot, freshly brewed tea. This relaxing and healthy ritual has been shown to help lower stress hormones in the body.

- Listen to music with a slow or meditative tempo. This can facilitate relaxation.
- **Get hot!** Th ow some hot spices (chili pepper) or condiments into your foods. Hot foods stimulate the pain receptors in the mouth, which triggers the release of endorphins. Endorphins are the body's "natural" morphine-like chemicals that promote feelings of euphoria and enhanced well-being.
- Get a foot massage or better, a whole body massage. They feel great, help you relax and improve blood fl w.



- Twice a day, take a two- to three-minute break (or when you feel anxious or stressed) from life and calm yourself by deep breathing as follows:
- Exhale slowly and completely through your mouth.
- Inhale slowly and deeply through your nose to a count of fi e with your mouth closed.
- Hold your breath to a count of fi e.
- Exhale slowly through your mouth to a count of seven.
- Repeat for a total of four or more breaths.
- Take up a regular yoga and/or meditation practice. Yoga is great for the body, mind, and soul.

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# Tools for Boosting Stress Resiliency

By Dr. Ann Kulze

Stress takes a toll on the human body, especially when it is persistent over a period of time. Diet and lifestyle are unbeatable tools for boosting stress resiliency. Here are the best of the bunch.

- Be physically active/exercise on a regular basis.

  Daily is best. Any activity counts, but the more vigorous the activity the better.
  - Minimize processed foods and fast foods.
- **Consume mostly whole, "nature made"** foods, particularly fruits and vegetables. Those with the most anti-inflammato y oomph are likely the best and include: red onions, tomatoes, Brussels sprouts, red/orange/yellow bell peppers, dark leafy greens, apples, red grapes, berries, cherries, oranges and plums. Inflammation is thought to be the primary way stress damages the body.
- Consume omega 3-rich foods often. These include: oily fish (salmon, sardines, lake trout,



herring, cod), omega 3 eggs, walnuts, whole soy foods, hemp/chia/flax seeds, canola oil, oysters, and small leafy greens. Fish oil supplements are also an option for getting in optimal amounts of omega 3 fats, but eating oily fish is superio.

■ Maintain optimal blood levels of vitamin D via safe sun exposure, consuming vitamin D-rich

**foods** (oily fish, fortified dairy products, mushrooms, eggs) and appropriate use of vitamin D supplements. Vitamin D is essential for mitigating stress at the level of the brain.

- Avoid sugary beverages and minimize sugary foods.
- Use anti-inflammato y herbs and spices regularly in your dishes and meals turmeric, curry, ginger and rosemary are especially potent.
  - Spend time in nature regularly. Daily best.
- Maintain positive relationships with family and friends. Express love as much as possible.
- Engage in relaxation practices regularly deep breathing, yoga, meditation, etc.
- Cultivate and nurture your spirituality, especially via practices that focus on love and forgiveness.
- **Get optimal sleep** approximately 7-8 hours per night.



#### WHERE THE INTERNET OF GREAT THINGS HAPPENS



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# Why Exercise is the Magic Bullet for Boosting Metabolism

Metabolism is the process by which your body uses fuel provided by foods you eat to produce energy at the cellular level. Of all the things you could do to insure a healthy and robust metabolism, nothing is more effecti e than regular physical activity. The reason is simple – exercise can enhance metabolism through four separate ways.

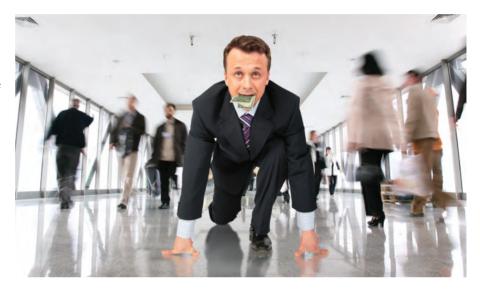
Exercise, especially resistance exercise, like weight lifting, yoga and Pilates, increases lean body mass (muscle). The amount of muscle tissue you have in your body is the primary determinant of your basal metabolic rate or BMR. BMR accounts for about 65 percent of the total calories your body burns daily.

Muscle tissue is highly active and burns fat very effecti ely. For perspective, one pound of muscle burns 14 calories a day, while one pound of fat burns just 3 calories. The more you exercise, the more muscle tissue you can maintain or even build. The value of resistance exercise to enhance metabolism becomes even more important as we age. Unfortunately, loss of muscle tissue is a predictable part of the aging process, but taxing those muscles, specially resistance exercise, can mitigate this loss.

The act of exercising leads to a significant, transient increase in metabolic rate. This is called "afterburn." Aerobic exercise, especially vigorous activity, provides the most afterburn. High intensity interval (HIT) exercise, which entails very brief (15 seconds to 1 minute) of very intense (85 to 100 percent of your max heart rate) aerobic activity alternating with 3 to 4 minutes of very light activity is a very time-efficien way to exploit afterburn. As an added bonus, HIT exercise shifts the body's fuel burning to fat's energy stores.

Exercise increases the numbers of and the activity of our cell's fuel and fat-burning machinery known as mitochondria. The more mitochondria you have and the better they operate, the more fat you can burn and the more energy you will have. Although all forms of exercise can increase mitochondria, HIT is particularly potent.

Exercise, especially aerobic activity, improves the activity and action of the all-powerful, mother hormone of metabolism, insulin. The better your insulin works, the more robust your metabolism.



# 8 Great Reasons to Exercise First Thing in the orning

Although exercise is profoundly beneficia no matter what time of day you choose to do it, morning exercise rules!

- It begins the day on a positive "healthy" note that can set the tone for the rest of the day.
- It provides an opportunity to tackle and fully complete an activity critical for your health that allows you to begin the day with an immediate

ate sense of accomplishment and empowerment.

- It increases the chances that you will choose a healthier breakfast. After all, who wants to negate the benefits of a morning exercise routine by following it up with a donut or pastry?
- It provides an immediate boost in mood and cheerfulness that studies show can last up to

12 hours. (Stand outside the doorway of a gym and watch all the smiling faces upon exit.)

- It primes the brain for learning and enhances focus in the first one to two hours post-exercise. (Always plan your most cognitively challenging daily activities in the period just after exercise.)
- It enhances your sleep. Studies show that regular morning exercise improves sleep patterns. In contrast, late afternoon and evening exercise can interfere with sleep onset.
  - Because there are significantly less "competing" events or activities in the earliest parts of the day, morning exercise is easier to build in as a consistent, daily habit. Studies show that early morning exercisers have the best long-term success in maintaining fitness
  - It provides a transient increase (up to fi e hours) in

metabolic rate that can help you burn off some of your breakfast and lunch calories.

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# Boost Your Brain Power and Your Metabolism in Less Time

By Dr. Ann Kulze

High intensity interval training, known as HIIT, has been scoring one scientific victory after another, and I am excited to share two new study findings that I hope will excite you as much as they did me. HIIT involves brief (generally 30 seconds), yet very intense aerobic activity alternating with 3-4 minutes of very light activity – typically performed for about 20-25 minutes.

In the first study, researchers had a small group of overweight adults take part in a four-month exercise program involving two days of HIIT training on a stationary bike along with two days of resistance training. Prior to and after the study period, the participants underwent a series of tests including measurements of body fat, brain function, and brain oxygenation. After completing the study, participants experienced several important benefits



including: a reduction in visceral/trunk fat (the deadly type), improvements in intellectual function, enhanced brain oxygenation, and increased insulin sensitivity (the key to a speedy metabolism).

In the second study, scientists measured the total calories burned over 24 hours in a group of healthy males after a single episode of HIIT exercise and after no exercise. Specificall, they had the study

subjects pedal a stationary bike as hard as they could for 30 seconds followed by four minutes of light (no resistance) pedaling for a total of just under 25 minutes. Relative to the day with no exercise, the subjects burned 200 additional calories over the course of the next 24 hours after their HIIT cycling. In other words, for *just three minutes* of intense exercise, the study subject significantly increased the calories they burned over the rest of the day.

Based on the compelling studies I have reviewed about HIIT, I have now incorporated this super time-efficien and highly effecti e form of exercise in my life twice a week. Before you take up HIIT – be sure to talk to your healthcare provider to be sure it is safe for you.

Learn more at drannwellness.com.



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# Just Say Whoa! to Cancer By Maintaining Your Weight And Avoiding Tobacco

By Dr. Ann Kulze

One of the most spectacular scientific advancements of the past two decades has been the recognition that as individuals, we have enormous power and control over whether or not we will develop chronic disease. Thankfull, cancer is no exception to this glorious biologic reality. Based on the latest scientifi estimates, about 70 percent of all cancers could be prevented through diet, lifestyle and routine screenings.

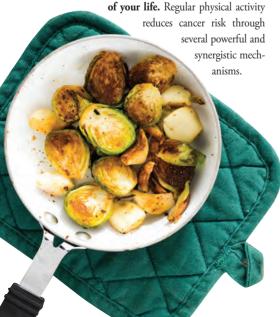
Here is what the very best science tells us are the very best ways to reduce cancer risk. (Note: The firs four strategies are in order of importance).

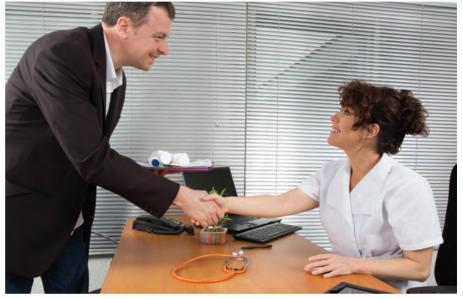
**Strictly avoid all forms of tobacco exposure.** Tobacco use remains the single greatest cause of preventable cancer.

Maintain an optimal weight (BMI <25; waist size <32.5" for females; <36" for males) *throughout* your life. Assuming you are a non-smoker, this is the single most powerful means to lower your cancer risk. Overweight/obesity is a significant risk factor for many forms of cancer. BMI, weight gain after age 20, and belly size are the relevant aspects here.

- Exercise daily the rest of your life
- Consume the right foods (see below)
- Eat mindfully become a "defensive" eater
- Control your portions

Be physically active/exercise regularly the rest





- At least 30 minutes of moderate aerobic activity daily.
- Optimal 60 minutes or more of moderate activity daily or 30 minutes of vigorous physical activity daily.

**Get Real!** Limit consumption of energy dense, *processed* foods, especially: fast foods, sugary beverages, and junk foods. These foods are those most adept at causing weight gain.

Do your carbs right! (see Page 28) Avoid or minimize the highly refined, high glycemic index, "Great White Hazards"— white flour products, white rice, white potatoes, sugar and products containing them. These foods trigger hormonal changes that can promote tumor growth (especially in breast, colon and prostate tissue) in addition to driving appetite and promoting weight gain. Replace the "Great White Hazards" with whole grains and beans/legumes carbohydrates, which have been shown to protect against many forms of cancer and do not have adverse effects on our metabolism.

Consume as many fruits and vegetables as possible. Over 200 studies have documented the anti-cancer power of fruits and vegetables. Fruits and

vegetables are loaded with cancer-protective nutrients (vitamin C, beta carotene, folate, etc.) and those remarkable, immune boosting, anti-inflammato y, detoxifying phytochemicals.

- Focus on the superstar, cancer-protective fruits apples with skin, berries, avocados, all whole citrus, cantaloupes, mangoes, kiwi, pomegranates, cherries, plums, red/purple grapes.
- Focus on the superstar cancer-protective vegetables all cruciferous (broccoli, cabbage, Brussels' sprouts, caulifl wer, water cress), carrots, tomatoes, asparagus, butter nut squash, allium group (garlic, onions, leaks, chives, scallions), dark leafy greens (spinach, kale, collards, dark lettuces), sweet potatoes.

#### Do your fats right!

- Minimize consumption of omega 6 fats (sunfl wer, safflower, corn, soybean oil). These oils contain lots of linoleic acid (omega 6 fatty acid) that can promote excessive growth and inflamm tion both involved in cancer promotion. Lineolic acid seems to be a preferred source of nutrition for cancer cells.
- Maximize your consumption of omega-3 fats, especially from oily fish (salmon, tuna, mackerel,



sardines, lake trout, and herring). Omega 3 fats counter excessive cellular growth and inflammation. Many studies have shown a positive relationship between fish consumption and educed cancer risk.

■ Strictly avoid trans fats (hydrogenated oils, shortening, stick margarine) and minimize saturated fats (fatty cuts of beef, pork, lamb, whole dairy products). These fats serve no beneficial purpose in the body and have been associated with some forms of cancer.

As your main sources of fat, choose the following: canola oil, extra virgin olive oil, nuts/seeds, and avocados.

Limit consumption of red meat (beef, pork and lamb) to two servings or less a week. Avoid

processed varieties. Excessive red meat consumption can enhance cancer risk through fi e possible mechanisms.

**Get your vitamin D!** Vitamin D plays a key role in cancer protection and deficiencies a e epidemic.

- Safe sun exposure 10-15 minutes daily between 10:00 AM and 3:00 PM.
- Take 1,000 IU's of a vitamin D3 supplement daily. (Those with

chronic diseases or who are pregnant or nursing, discuss with healthcare provider first.

Spice up your life! Herbs and spices contain very powerful anti-inflammato y phytochemicals. Excessive inflammation can p omote cancer

■ Turmeric/curry, ginger, rosemary, and garlic are especially beneficial

**Restrict alcohol.** Alcohol consumption can increase the risk of cancers of the colon, breast, throat, esophagus, uterus, cervix, mouth, and liver.

**Get screened.** Be vigilant in maintaining regular physical exams with your healthcare provider. Strictly adhere to standard cancer-screening schedules for your sex and age.

## Green Tea for Cancer Protection

Thanks to Vanderbilt University researchers, the sparkling reputation of green tea is shining even brighter. In a study that included 75,000 middle-aged and older Chinese women, consuming green tea was associated with significan cancer protection. Those who reported regular green tea consumption (defined as at least three times a week) for at least 20 years were 27 percent less likely to develop cancers of the colon, stomach and the esophagus. The biggest benefit was seen for colon cancer where the highest intakes of tea were associated with a 29 percent lower risk. Tea, especially green and white, is turbocharged with potent antioxidants, including the world famous EGCG, that have been shown to reduce damage to DNA while slowing down tumor cell growth and invasion. A good practice is to drink two glasses of freshly brewed unsweetened tea (maybe with a twist of lemon) every day.



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# Cutting Th ough the Carb Confusion

By Dr. Ann Hulze

Carbs continue to be a source of controversy in many American's minds. Are you one of the countless Americans suffering f om total carb confusion?

I suspect many of you are, which is a shame because doing your carbs right is the second most powerful nutritional strategy available to you to protect your health. And when you look at the spectacular body of science related to the topic of carbs and health, and carbs and body weight, the situation is crystal clear – meaning some carbs are good for you while others are not. The purpose here is

to set you straight on this issue – liberating you from any doubt, confusion or reticence you have towards this vital food group.

Let me establish first and foremost that I'm not an advocate of low-carb dieting or low-carb living. I am a huge proponent, however, of "right-carb" living. Have your carbs — and eat them too — just be sure they are the *right* ones.

Before I tell you about the delicious categories of make-me-healthier right carbs, I have to tell you about the wrong ones:

#### **The Great White Hazards**

The e is one and only one category of carbs that I want you to minimize – namely the highly refined also known as high glycemic "Great White Hazards." These infamous foods include: white flour products, white rice, white potatoes and sugar/sweets.

I collectively refer to these foods as the "Great White Hazards" because we know they can:

- Promote fat storage
- Perpetuate appetite
- Promote cardiovascular disease
- Increase the risk of type 2 diabetes
- Promote certain cancers.

The teacher in me wants to make sure you understand how these staples of the modern American diet have so many adverse effects in the human body. The simple ans er lies in the fact that these particular carbohydrates are so quickly and easily digested.

We have learned over the past decade that eating rapidly digested carbs results in sudden spikes



of blood glucose (sugar) and insulin levels that adversely effect human metabolism and ultimately lead to the health risks noted above. To stay on the right track, keep the wrong carbs to a minimum. Remember this simple, nutritional motto: **See White, Think at, Think isease!** 

#### The Right Carbs:

Now that we have tackled the *wrong* carbs, I want to make sure you have a firm grasp on the *right* carbs. When it comes to your health and body weight, the diffe ence between the *wrong* carbs and the *right* carbs is like night and day.

In fact, including more of the right carbs in your

diet can facilitate weight loss while simultaneously protecting you from a host of dreaded, chronic diseases. The e are four delicious categories of right carbs: whole grains, beans, fruits and non-starchy vegetables. Fruits and vegetables are such an important nutritional topic that I will devote an entire column to them

in the future. For now, I would like to expound on the virtues of the other *right* carbs.

#### **Miracle Beans**

I consider beans the most underutilized, economical superfood nature has to offe . They are a nutritional powerhouse – loaded with healthy vegetable protein, high in fiber and teaming with

B vitamins, minerals, antioxidants and other beneficial phytochemicals. Additionally, they are digested more slowly, which means they will not spike your glucose and insulin levels like the Great White Hazards. In other words, they fill you up without filling ou out.

We also know that beans lower cholesterol, decrease the risk of heart disease, stabilize blood glucose levels, improve gastrointestinal health, lower blood pressure and decrease the risk of some cancers.

When I say "beans," I mean any of the delicious 24 varieties available: black

beans, chick peas, butter beans, field peas, lentils, etc. Whether canned, fresh, frozen or dried, all beans are tasty, filling, cheap, versatile, convenient and fantastic for your waistline and your health.

#### "Great" Grains

By all means, I want you to have your bread and your cereals. Your job is to simply be sure they are always truly 100% whole grain. True whole grains provide a wonderful package of health promoting nutrients, antioxidants and fibe, and are much more slow digest than their refined, nutrient-stripped "Great White Hazard" counterparts. People who eat the most whole grains have greater long term success

with body weight and experience less heart disease, cancer, diabetes and digestive illness.

To be sure you are getting only "whole grains" and not refine flou, make sure the label on your bread or cereal products say "100% whole grain." If the ingredient list contains "wheat flou," "enriched wheat flou" or any

other grain without the word "whole" written in front of it, it's nothing more than refined flour disguised as the healthier option!

It is vital to your health and your waistline to swap out the wrong carbs for the right ones. By eating "miracle" beans and "great" grains in lieu of the Great White Hazards, you will be taking proactive and powerful steps to maximizing your wellness and vitality.



# Superfoods for Anti Aging

#### **Green Tea**

Known in my world as the true elixir of youth – green tea is perhaps the easiest and most relaxing way of infusing our bodies and brains with age-defying antioxidants. Green tea provides over 4,000 bioactive compounds including the famed "fla onoids" like berries and dark chocolate. One particular fla onoid – EGCG, unique to green tea, is one of the most potent antioxidants scientists have ever identified

#### **Dark Chocolate**

This divine indulgence is perhaps the tastiest way to eat yourself younger. Dark chocolate is exploding with powerful antioxidants that work in synergy to provide all three of the cardinal goals for slowing the aging process, namely boosting blood fl w, reducing oxidation and minimizing inflammation For best results enjoy a prudent portion (1/2 to 1 ounce) of high quality (60 percent or

**Ginger and Turmeric** 

more cacao) dark chocolate regularly.

These two spices jack up the fla or of your dishes and provide the unbeatable, youth-enhancing combination of potent antioxidant and anti-inflammato y power. Like other spices, ginger and turmeric provide a bounty of healthful phytochemicals. The flagshi anti-aging compound in turmeric is called curcumin, and it also provides turmeric's deep, golden yellow hue. Dried ginger even beats out fresh ginger in its anti-inflammato y prowess.



#### **Roasted Soy Nuts**

A handful of roasted soy nuts is a stellar and tasty anti-aging snack. They have a glowing nutritional pedigree including omega 3 fats, antioxidants (vitamin E and selenium), and several key nutrients important for optimal blood fl w, including potassium, magnesium and phytoestrogens.

#### Lentils

Lentils are arguably the most youth-enhancing "starch" nature has to offe. They provide a dense package of healthy vegetable protein, fibe, antioxidants, potassium, magnesium and more folate than

any other food. Like their legume relatives, beans, they are especially valuable for appetite and weight control because of their high fiber and protein make-up (excess body fat is a major age-accelerator).

#### **Curry Powder**

This anti-aging blend of spices adds fla orful intrigue and color to your dishes and owes its principle component, turmeric, for its value in adding life to your years and years to your life. Sprinkle it into your rice, poultry, bean and salad dishes for a quick and simple anti-aging kick.

#### Rosemary

Like other herbs, rosemary borders on a true medicinal agent in its beneficial effects in the body. Its savory leaves are filled with antioxidants and anti-inflammato y compounds includ-

ing super-potent carnosol. Rosemary also appears to boost insulin sensitivity, which is especially beneficia in tempering the aging process.

#### **Brown Rice**

Physically intact whole grains like brown rice are amongst the most disease-busting foods available, providing protection from our biggest culprits in premature death, including cardiovascular disease, many cancers, diabetes and obesity. Brown rice provides a potent package of youthful agents that work in synergy, including fibe, antioxidant polyphenols, vitamin E, minerals and B vitamins.

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# Kentuckian Heads AMA ... Again

# ER specialist Dr. Steven Stack is the second Kentuckian to lead the American Medical Association in recent years

By Esther Zunker

Dr. Steven Stack is well adjusted to the darkness. The Lexington-based emergency physician and president of the American Medical Association frequently rises before the light of dawn to catch flights to AMA conferences and meetings, or work back-to-back 12 hour shifts in the emergency department at St. Joseph East hospital. In a diffe ent city or country nearly three weeks out of every month, Stack often kisses his family goodbye not knowing exactly when he'll see them next.

Sometimes it's hours, sometimes days, and sometimes weeks. But they know he'll always return, and luckily they understand of the value of his work. For this reason, Stack continues on, always striving toward creating a healthier, happier world.

"My family pays a price for my absence. But I couldn't be more blessed to have them; they're my strongest supporters," said Stack of his wife, Tracie, a pediatric allergist physician, and 10-year-old daughter, Audrey. "We feel we have an obligation and opportunity to make the world a better place. Sometimes it comes at a cost, but it's worth doing, and worth doing well."

Stack, 43, became president of the AMA, the nation's largest and most influential physician organization, in June 2015 and is the first emergency physician and youngest to serve in that role in over a century.

He is the second AMA president from Lexington, Ky., in three years. Ardis Hoven, a University of Kentucky infectious disease specialist, headed the organization in 2013-14. In June, Hoven was chosen chair of the World Medical Association, an international organization representing physicians from 111 national medical associations.

Stack, born and raised in Cleveland, has dedicated much of his life to being a leader in various areas of medicine and working tirelessly to improve healthcare across the nation.



Steven Stack, M.D., Medical Director, Emergency Department, St. Joseph East, St. Joseph Mt. Sterling, Baptist Memorial Memphis

"My interaction with patients is undeniably the most memorable part of my career," said Stack, who in the last 15 years has served as medical director of the emergency departments at St. Joseph East, St. Joseph Mt. Sterling in rural Eastern Kentucky, and Baptist Memorial Hospital in Memphis, Tenn. "Over the years, I've had the joy of saving lives, bringing new lives into the world, and assuring people they will recover from injuries and illnesses. The e's a special bond between doctor and patient, and those bonds

are priceless. That joy is what motivates and inspires me. It helps me to get up in the morning and do the work I do."

Stack graduated magna cum laude from the College of the Holy Cross in Worcester, Mass. He returned to Ohio and completed his medical school education and emergency medicine training at the Ohio State University before moving to Memphis to begin his clinical practice. In 2006, he and his family relocated to Lexington.

"My wife is a University of Kentucky graduate, and she and my daughter ride horses every week," Stack said. "Between the rolling hills, horses and bourbon, it's a beautiful place to live; I'm glad this is our home."

Stack is nationally recognized for his special expertise in health information technology and served as chair of the AMA's Health Information Technology Advisory Group from 2007 to 2013. He has also served on multiple federal advisory groups for the Offic of the National Coordinator for Health Information Technology (ONC), including the Information Exchange, PCAST Report, and

Strategic Plan workgroups.

With additional contributions to the areas of physician licensure, regulation and assessment as a chair and member of other boards and committees, Stack's plate is incredibly full. But that hasn't distracted his focus from the vital role he plays in the emergency department. The passionate nature with which he speaks about his profession makes it clear he's found his calling.

"The emergency department is the great equalizer in the healthcare system – a place where rich and poor, insured and uninsured, those at death's door, and those with minor aches and pains, lay side by side," Stack said during his June 9 AMA inaugural

address in Chicago. "You quickly realize illness does not discriminate – that the C-suite executive is no more immune to accidents or emergencies than the homeless man living under a bridge.

"These lessons have furnished me with a sense of perspective regarding the challenges we face in organized medicine. If one lesson stands above the rest, however, it's how tenuous and precious life is – and what a gift it is to be a physician."

Stack is undoubtedly grateful for the many blessings his vocation has provided, but he admits there have also been some major frustrations. In spite of the numerous groundbreaking medical advancements over the years, the nation's healthcare system has a long way to go, Stack said.

"The bureaucratic intrusions and interferences of government in healthcare are the singularly most frustrating parts of the practice," he explained. "The e are so many diffe ent government programs we have to comply with, and when they're implemented, they cause a regulatory tsunami. People often take a good thing and turn it into a compliance nightmare.

"I'm going to work 46 hours over the next three days, and half of that time will be spent typing into a machine so someone can analyze what I'm doing and whether or not they should pay for the service," Stack said. "It prevents me from spending more time at people's bedsides, answering questions and spending extra care and attention like I want to."

Kentucky in particular needs to improve its Medicaid program, which Stack believes suffers from some government-sanctioned fraudulent activity.

"Now that Kentucky has expanded its Medicaid program, we must make sure those programs are acting in good faith and funding the clinical services being provided," he said.

"When I reflect on being a physician today, I see many challenges," he added. "But for each story of frustration, there is a story of vision, perseverance and success. The e is a story of hope."

As an elected leader within numerous specialty and geographic medical associations at both the national and state levels in Kentucky, Ohio and Tennessee over the last 18 years, and now as president of the AMA, Stack has enjoyed many accomplishments. While he's proud of the improvements that have occurred under his guidance, Stack knows there is always more to be done.

Stack's ambitious goals for the future of the AMA include the following:

- To profoundly improve health outcomes for the 86 million people in the United States with pre-diabetes and the 70 million with hypertension.
- To forge a generation of physicians prepared to meet the needs of the 21st-century healthcare system.

■ To restore the joy in medicine and enable physicians to spend their time where it matters most — helping patients.

Stack admits they are ambitious goals, and accomplishing them won't be easy. But nothing worthwhile ever is. In the midst of many dark mornings and some pain along the way, Stack has also experienced immense joy, and a desire to continue his quest to overcome adversity and improve the face

of healthcare – one patient, family and community at a time.

"The physician's life is defined not by one but by hundreds of moments," Stack said. "Our profession is literally built around them. And to play a part in these moments is a priceless gift. These are the moments we went to medical school for. These are the moments for which we forego nights with our families. These are the moments that sustain us."

# Lexington physician Ardis Hoven elected first female chair of World Medical Association

Retired University of Kentucky professor Dr. Ardis D. Hoven and former president of the American Medical Association was elected the firs female chair of the World Medical Association (WMA) at the organization's 200th council meeting in June 2015 in Oslo, Norway.

Hoven served as president of the AMA in 2013-14 and has been chair of the AMA delegation to the WMA for the past few years. She now will serve a two-year term as chair of the WMA, which is the international organization representing physicians from 111 national medical associations.

"I feel fortunate to have the opportunity to do this," Hoven said. "I see myself not so much as a woman in this role, but as a leader of a global organization of physicians who are working to support their peers around the world and improve the lives of their patients."

Born in Cincinnati, Hoven received her undergraduate degree in microbiology and then her medical degree from the University of Kentucky. She completed her internal medicine and infectious disease training at the University of North Carolina at Chapel Hill. Board-certified in internal medicine and infection disease, Hoven is a member of the American College of Physicians, and the Infectious Disease Society of America.

Hoven has been the recipient of many awards, including the University of Kentucky College of Medicine Distinguished Alumnus Award and the Kentucky Medical Association Distinguished Service Award. In 2015, she was inducted into the Hall of Distinguished Alumni for UK. She was president of the Kentucky Medical Association from 1993 to 1994 and served as a delegate to the AMA from Kentucky.

Hoven hopes for the WMA to raise its profile internationally and increase the impact of its policies and advocacy on behalf of physicians and patients.

"I want to make our footprint bigger and our voice stronger," Hoven said.

Hoven was recently inducted into the UK Alumni Association's Hall of Distinguished Alumni. Click on the video below to watch the role UK played in Hoven's medical career.



Ardis Hoven of Lexington is a former president of the American Medical Association.

## Kentucky Hospitals Report More Than 2.5 Million Patient Discharges Per Year

Hospital Name	City	Staffed Beds	Total Days	Patient Discharges
Baptist Health Corbin	Corbin	268	8,514	38,650
Baptist Health LaGrange	La Grange	120	2,367	9,640
Baptist Health Lexington	Lexington	360	17,278	86,247
Baptist Health Louisville	Louisville	519	24,799	124,856
Baptist Health Madisonville	Madisonville	288	6,782	34,251
Baptist Health Paducah	Paducah	295	11,626	57,454
Baptist Health Richmond	Richmond	73	3,242	14,287
Blanchfield Arm Community Hospital	Fort Campbell	0	0	0
Bourbon Community Hospital	Paris	58	839	3,300
Clark Regional Medical Center	Winchester	79	2,444	7,849
Clinton County Hospital	Albany	42	1,104	4,378
Crittenden County				
Hospital	Marion	48	847	3,530
Ephraim McDowell Regional Medical Center	Danville	222	6,381	29,680
Federal Medical Center Lexington	Lexington	0	0	0
Flaget Memorial Hospital	Bardstown	52	1,832	6,806
Fleming County Hospital	Flemingsburg	52	1,326	4,504
Frankfort Regional Medical Center	Frankfort	118	5,003	20,509
Georgetown Community Hospital	Georgetown	75	1,843	6,768
Hardin Memorial Hospital	Elizabethtown	300	14,539	55,380
Harlan ARH Hospital	Harlan	103	3,853	14,292
Harrison Memorial Hospital	Cynthiana	61	1,272	4,594

Hospital Name	City	Staffed Beds	Total Days	Patient Discharges
Hazard ARH Regional Medical Center	Hazard	308	9,223	43,947
Highlands Regional Medical Center	Prestonsburg	142	3,034	14,984
Ireland Army Community Hospital	Fort Knox	0	0	0
Jackson Purchase Medical Center	Mayfiel	107	3,297	15,077
Jennie Stuart Medical Center	Hopkinsville	194	5,683	26,297
Jewish Hospital	Louisville	826	33,967	187,006
Jewish Hospital Shelbyville	Shelbyville	30	1,588	6,232
Kentucky River Medical Center	Jackson	49	2,475	6,229
King's Daughters Medical Center	Ashland	409	16,677	73,199
Lake Cumberland Regional Hospital	Somerset	295	10,627	47,173
Lexington VA Medical Center-Cooper Division	Lexington	0	0	0
Logan Memorial Hospital	Russellville	75	1,181	5,246
Louisville VA Medical Center	Louisville	0	0	0
Lourdes Hospital	Paducah	298	10,801	41,508
Manchester Memorial Hospital	Manchester	63	2,340	7,590
Meadowview Regional Medical Center	Maysville	100	2,803	9,412
Methodist Hospital	Henderson	144	4,413	20,473
Middlesboro ARH Hospital	Middlesboro	73	2,303	9,126



Central Baptist Hospital, Lexington



Lourdes Hospital - Paducah

32 The Lane Report's 2015 Health Kentucky lanereport.com

## Statistics for non-federal, short-term, acute care hospitals. Data are based on each hospital's most recent cost report and other sources / Definitions

Hospital Name	City	Staffed Beds	Total Days	Patient Discharges
Monroe County Medical Center	Tompkinsville	49	1,599	7,436
Muhlenberg Community Hospital	Greenville	90	1,404	6,098
Murray-Calloway County Hospital	Murray	300	4,477	20,641
Norton Audubon Hospital	Louisville	0	0	0
Norton Brownsboro Hospital	Louisville	0	0	0
Norton Hospital	Louisville	1,295	62,349	341,480
Nortons Women's and Kosair Children's Hospital-St.Matthews	Louisville	0	0	0
Our Lady of Bellefonte Hospital	Ashland	151	6,261	26,949
Owensboro Health Regional Hospital	Owensboro	484	14,813	67,689
Paul B. Hall Regional Medical Center	Paintsville	72	1,903	6,718
Pikeville Medical Center	Pikeville	251	12,137	60,022
Pineville Community Hospital	Pineville	136	2,025	10,768
Rockcastle Regional Hospital	Mount Vernon	119	903	3,213
Saint Claire Regional Medical Center	Morehead	127	4,003	15,115
Saint Elizabeth Covington	Covington	0	0	0
Saint Elizabeth Edgewood	Edgewood	479	30,160	120,210
Saint Elizabeth Florence	Florence	153	9,313	36,573
Saint Elizabeth Fort Thoma	Fort Thoma	163	6,737	31,615
Saint Joseph - London	London	120	6,485	26,180

Hospital Name	City	Staffed Beds	Total Days	Patient Discharges
Saint Joseph East	Lexington	159	8,213	36,410
Saint Joseph Hospital	Lexington	251	13,597	69,467
Saint Joseph Mount Sterling	Mount Sterling	42	1,919	8,130
Saints Mary & Elizabeth Hospital	Louisville	495	14,575	124,501
Saints Mary & Elizabeth Hospital	Louisville	0	0	0
Spring View Hospital	Lebanon	75	1,424	5,220
T. J. Samson Community Hospital	Glasgow	139	5,558	20,072
Taylor Regional Hospital	Campbellsville	90	2,917	11,059
The edical Center	Bowling Green	309	16,175	82,646
Th ee Rivers Medical Center	Louisa	84	1,931	6,571
TriStar Greenview Regional Hospital	Bowling Green	175	4,189	15,184
Tug Valley ARH Regional				
Medical Center	S. Williamson	123	2,208	9,180
Twin Lakes Regional Medical Center	Leitchfiel	75	2,812	9,908
UK Healthcare Good Samaritan Hospital	Lexington	224	6,259	25,632
University of Kentucky Albert B. Chandler Hospital	Lexington	744	35,180	222,228
University of Louisville Hospital	Louisville	346	17,052	96,363
Westlake Regional Hospital	Columbia	74	426	1,861
Whitesburg ARH Hospital	Whitesburg	80	3,422	13,869
TOTAL		13,720	528,729	2,579,482

Source: Hospitals' most recent Medicare Cost Report, via American Hospital Director/ahd.com



Norton/Kosair Children's Hospital - Louisville



UK Medical Complex – Lexington

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